



# Idaho Time Sensitive Emergency On-Site Surveyor Application

## Personal Information

Name: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Type of Surveyor

Professional Level: ☐ Physician ☐ Nurse ☐ Program Manager

Check all that apply.

Trauma: ☐ Level II ☐ Level III ☐ Level IV ☐ Level V

Stroke: ☐ Level I ☐ Level II ☐ Level III

STEMI: ☐ Level I ☐ Level II

## Professional Information

Attach the following:

- ☐ A copy of your current medical or nursing license, or a copy of your program manager job description;
- ☐ Your CV; and
- ☐ A statement explaining your current activity in trauma,stroke and STEMI care.

## Signature

I certify that the information contained in this application is true, correct, and complete. I understand that false statements may eliminate me from being a Time Sensitive Emergency surveyor for the State of Idaho.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send completed application and supporting documentation to:

Bureau of EMS & Preparedness  
Attn: Christian Surjan  
PO Box 83720  
Boise, ID 83720-0036  
Email: SurjanC@dhw.idaho.gov